

P11000006489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

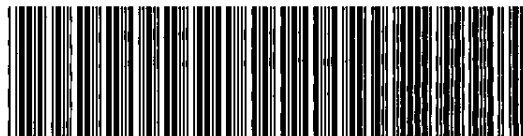
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/16/11--01005--029 **35.00

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O/O Resign.

5/25/11

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cross Fit City Place, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P11000006489

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan Nichols
(Name of Person)

CrossFit City Place
(Name of Firm/Company)

512 Evernia St
(Address)

West Palm Beach, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan Nichols at (561) 452-2980
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Armando Ortiz, hereby resign as Vice President
(Title)

of CrossFit City Place, Inc.
(Name of Corporation)

P11000006489, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Armando Ortiz
(Signature of resigning officer/director)

11 MAY 16 AM 10:29

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314